

## PROVIDER APPROVALS

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### 1.0. GENERAL - CONTRACTOR RESPONSIBILITIES

**1.1.** The contractor shall accurately certify all providers of care using a single, centralized certification process. The contractors shall ensure that all providers of care for whom a billing is made or claim submitted under TRICARE meet all conditions, limitations or exclusions specified or enumerated in 32 CFR 199, the Policy Manual and the Operations Manual. The contractor shall maintain separate institutional and non-institutional provider files. Modifications, such as adds and changes, shall be reported to TRICARE Management Activity (TMA) as specified in the Automated Data Processing and Reporting Manual. During a transition, providers listed on the HCPR shall be deemed certified and no further action is required. The incoming contractor shall limit his certification actions to new providers and shall verify a provider's credentials once, upon application to become a certified provider.

**1.2.** Upon receipt of a claim or request for provider certification information involving a provider practicing in the contractor's jurisdiction but not on the HCPR file, the contractor shall contact the provider, the state licensing board, the appropriate national or professional association, or other sources to determine that the provider meets certification requirements. The contractor may establish certification by any of these means. Documentation may be a copy of the page from the most recent state licenser listings; screen print from on-line access to state board licensing files, or other methods that show proof that the provider meets the certification requirements.

**1.3.** If certification cannot be established, all pending and subsequent claims for services from that provider shall be denied with an appropriate EOB message. The HCSR Denial Reason Code is "M" for "Provider is not TRICARE-certified." Claims denied for this reason are to be reopened and processed if the provider is determined to be authorized upon receipt of the required documentation.

**1.4.** Services delivered by any provider must be within the scope of the license of other legal authorization. The contractor shall maintain a current computer listing of all authorized providers, including at a minimum the data required by the [ADP Manual, Chapter 2](#). If the provider was initially certified by the contractor, the certification of each provider shall be supported by a documented and readily accessible hardcopy or microcopy file documenting each provider's qualifications. A hardcopy or electronic file documenting the provider's existence on the HCPR shall be maintained for all other providers.

**1.5.** Inactive providers shall be moved from the provider files by archiving the files every two years during October. Any provider who has not submitted a claim or whose services have not been submitted on a claim within the past two years shall be removed from the active file to the inactive file. Providers who have been terminated or suspended shall not be

deleted. Suspended or terminated, or excluded providers will remain on the file as flagged providers indefinitely or until the flag is dropped because the suspended provider has been reinstated. The contractor is required to review all provider flags and ensure they are working at a minimum of once each year. To do this, the contractor will maintain records of all suspended and terminated providers and audit the provider file flags and, as necessary, test to ensure they are operational.

**1.6.** The contractor shall accept the Medicare certification of providers who have a like class of providers under TRICARE without further authorization. Providers without a like class (i.e. chiropractors) under TRICARE shall be denied.

## **2.0. CERTIFIED MARRIAGE AND FAMILY THERAPISTS AND PASTORAL COUNSELORS**

The contractor shall follow the guidelines in the Policy Manual, Chapter 10, Sections [2.8A](#) and [11.3](#) for the certification process for certified marriage and family therapists and [Policy Manual, Chapter 10, Section 2.8B](#) for pastoral counselors.

## **3.0. HOSPICE PROGRAMS**

Hospice programs shall apply for TRICARE certification as specified in the *TRICARE Reimbursement* Manual, [Chapter 11, Section 3](#).

## **4.0. PART-TIME PHYSICIAN EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS**

**4.1.** The Director, TMA, has authorized an exception, on a case-by-case basis, to the TRICARE policy which excludes any civilian employee of the Department of Veterans Affairs (VA) from authorization as a TRICARE provider. This exception is for part-time physician (M.D.) employees only who file claims for service furnished in their private, non-VA employment practice.

**4.2.** In order to be considered as an authorized provider, the VA facility administrator must send a request for an exception to the appropriate contractor ([Figure 4-A-1](#)) along with a signed Part-Time Physician Employee Provider Certification Form ([Figure 4-A-2](#)) signed by the physician. Upon receipt of these two documents, the contractor shall approve the physician as a TRICARE provider for services furnished by this provider in his private practice effective with the date the contractor approves the waiver. The contractor shall notify the physician and requesting VA facility by letter of the approval and the effective date. No retroactive approval dates will be allowed. All claims from these providers will be annotated on the signature block of the claim form, "additional certification on file".

## **5.0. PROVIDER CERTIFICATION CRITERIA**

Refer to the [32 CFR 199.6](#) and the Policy Manual, Chapters [10](#) and [11](#). Contractors may pay for prescription drugs obtained from nonparticipating pharmacies without attempting to certify these providers as TRICARE-authorized. These types of providers can be assumed to meet the requirements of any state and local laws in the jurisdiction in which they are operating unless there is evidence to the contrary or unless a provider is specifically excluded, suspended, or terminated as an authorized TRICARE provider.

## **6.0. MEDICAL SUPPLY FIRMS**

Medical supplies otherwise allowable as a Basic or Program for Persons with Disabilities benefit purchased from an approved (currently or retroactively) medical supply firm, may be cost-shared when payment is made directly to the beneficiary. Medical supply firms are a category of the “other provider” class of providers. The following types of vendors may be approved as TRICARE medical supply firms:

- Any commissary under the jurisdiction of the Defense Commissary Agency;
- Any Post Exchange or Base Exchange under the jurisdiction of the Army-Air Force Exchange Service (AAFES);
- Any Navy Exchange under the jurisdiction of the Department of the Navy;
- Any civilian retail store;
- Any TRICARE approved pharmacy.

## **7.0. TMA PROVIDER FILE**

**7.1.** The TMA provider file is created from contractor submissions of Health Care Provider Records (HCPRs) as required in the [ADP Manual, Chapter 1, Section 4](#) and is a singular database which is added to or changed through contractors' reporting activity. This file provides critical provider data which supplements that reported on the Health Care Service Records (HCSRs). The concept of the TMA centralized provider file is based on the agency's commitment to a singular database which operates on the premise of accountability. Accountability for the creation of an accurate provider record in the TMA provider file rests with the contractor having contractual authority for provider certification in a given region.

**7.2.** Due to the various methods in use for defining contractor claims processing jurisdictions, a contractor having claims processing responsibility may not be the contractor having accountability for the HCPR (i.e., having provider certification responsibility) for the provider rendering the service(s) on a claim. In this case, the servicing contractor (i.e., the claims processor) may have to obtain provider data from the certifying contractor. See [OPM, Chapter 8, Section 3, paragraph 5.3.](#) for instructions regarding development of out-of-jurisdiction provider certification information.

## **8.0. OCCUPATIONAL THERAPIST**

An individual who has been certified as an Occupational Therapist, Registered (OTR) by the National Board for Certification in Occupational Therapy and meeting all other applicable requirements may be authorized as a Professional/Non-Institutional Provider of Care.

